

216020606  
99431

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 208	Agency Case No. B6-044193	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1 01	DATE OF ACCIDENT 05/20/2016	M M / D D / Y Y Y Y S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		TIME OF ACCIDENT 1555	STATE USE ONLY					
A/2	PLACE OF ACCIDENT COUNTY Lancaster CITY Lincoln	STREET/ HIGHWAY NO. S 70th / L St - Teton Dr		POLICE NOTIFIED 1558	05/21/2016					
B 64	ROAD ON WHICH ACCIDENT OCCURRED	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE						
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION <input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
V1/M 14	375.00		X	N Curb of Teton Dr						
V2/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
E 1	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
VEHICLE NO. 1										
F 1	DRIVER LICENSE NO.	G02174264		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N 1	DRIVER RITA D HOLLAND	PHONE		LOCAL NO.						
V2/N 1	DRIVER ADDRESS 212 N 75TH CT, LINCOLN, NE 68505	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/22/1949					
G 4	OWNER RITA D HOLLAND	PHONE 4027708292		LOCAL NO.						
H 2	OWNER ADDRESS 212 N 75TH CT, LINCOLN, NE 68505	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB507575					
V1/O 3	LICENSE PLATE PA NO. SCH731	YEAR 1994		MAKE Oldsmobile	MODEL Cutlass	BODY STYLE 2 door Sedan				
V2/O 1	VEHICLE 1G3WH15M5RD332042	COLOR black		ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$						
I 1	VEHICLE ID NO. (VIN)	1G3WH15M5RD332042		INSURANCE COMPANY National Farmers Union						
J 01	TOWED TO Firestone Auto Care 300 N 66th	TOWED BY Capital Towing		POLICY NO. 1PA0558567						
VEHICLE NO. 2										
V1/P 1	DRIVER LICENSE NO.	G02132853		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V2/P 1	DRIVER MICHAEL T AMEND	PHONE 4024500705		LOCAL NO.						
J 01	DRIVER ADDRESS 6600 ROCKY RIDGE RD, LINCOLN, NE 68526	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/25/1964					
V1/Q 1	OWNER KERRY AMEND	PHONE 4028750395		LOCAL NO.						
V2/Q 4	OWNER ADDRESS 6600 Rocky Ridge Rd, Lincoln, NE 68526	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.					
K 01	LICENSE PLATE TE NO. SUD046	YEAR 2002		MAKE Ford	MODEL F150	BODY STYLE Pickup truck				
L 01	VEHICLE 1FTRX18L72NA19271	COLOR gray		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500						
M 01	VEHICLE ID NO. (VIN)	1FTRX18L72NA19271		INSURANCE COMPANY Farmers Mutual						
N 01	TOWED TO	TOWED BY		POLICY NO. AU328321						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
1	RITA D HOLLAND	212 N 75th Ct, Lincoln, NE 68505		04/22/1949	01	1	04	4	1	F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
1	RITA D HOLLAND	212 N 75th Ct, Lincoln, NE 68505		04/22/1949	01	1	04	4	1	F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
1	RITA D HOLLAND	212 N 75th Ct, Lincoln, NE 68505		04/22/1949	01	1	04	4	1	F

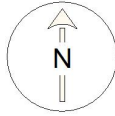
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-044193**

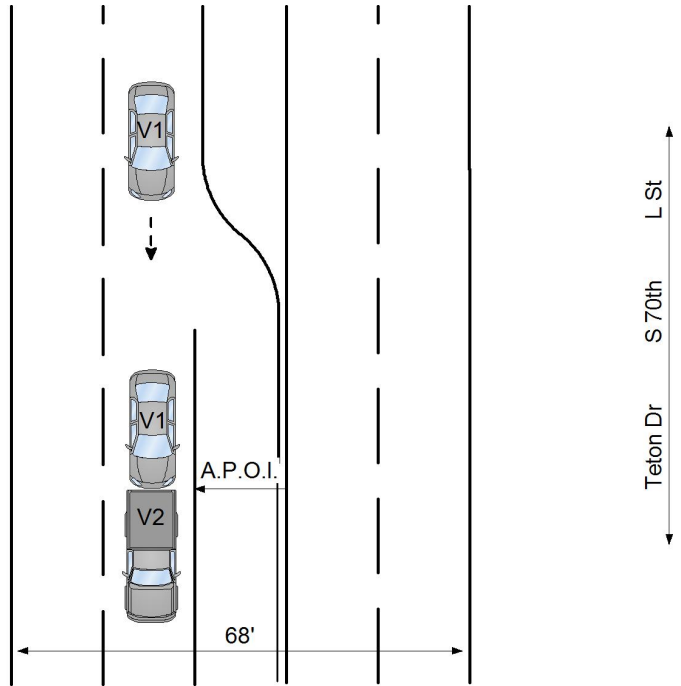


Indicate  
North  
by Arrow



A.P.O.I. = 21ft E of W Curb  
of S 70th and 375ft N of N  
Curb of Teton Dr

**Not To Scale**



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D2 stated he was traveling SB on S 70th / L St - Teton Dr in the inside lane. D2 stated he was stopped in traffic when V1 collided with him. D1 stated she was traveling SB on S 70th / L St - Teton Dr in the inside lane. D1 stated she noticed V2 was stopped so she started to apply her brakes. D1 said she attempted to apply more pressure to her brakes in order to stop in time, but her foot slipped off the pedal. D1 stated she then collided with V2. D1 stated the right side of her chest was sore from contact with her seatbelt during the collision.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2						VEH 1	VEH 2
1		X			S 70th								1	1
2		X			S 70th								1	1
1	01	06 Turning left			POINT OF IMPACT	01	POINT OF IMPACT	05	1 Deployed - front		1 None used - vehicle occupant		Driver No. 1	
2	01	08 Entering traffic lane			MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	2 Deployed - side		2 Lap & shoulder belt used		Driver No. 2	
				00 None			02			3 Deployed - both front/side			Pedestrian	
				09 Top & windows			03			4 Not deployed			Y	
				10 Undercarriage			04			5 Not applicable/ No airbag available			N	
				11 Total (all areas)			05			6 Unknown			X	
				12 Other			06			1 Child safety seat used			N	
				08			07			2 Lap belt only used				
				09			06			3 Shoulder belt only used				
				10						4 Lap belt only used				
				11						5 Child booster seat used				
				12						6 Child safety seat used				
				13 Unknown						7 DOT approved helmet used				
										8 Costume helmet used				
										9 Restraint use unknown				

OFFICER NO. <b>1770</b>	TROOP/ TEAM/ BEAT <b>NE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Alex Stahl</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Alex Stahl</b>	DATE OF REPORT <b>05/21/2016</b>